

TRANSMITTAL FORM
JUL 22 2005
PATENT & TRADEMARK OFFICE

Total Number of Pages in this Submission	Application Number:	09/782,953
	Filing Date:	FEBRUARY 13, 2001
	First Named Inventor:	R. Sanders Williams
	Art Unit:	1653
	Examiner Name:	Samuel Liu
	Attorney Docket Number:	MYOG:036US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings(s) _____	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Statement under 37 CFR §3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Designation of Patent Practitioners	<input checked="" type="checkbox"/> Check in the amount of \$250.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/MYOG:036US/SLH</u>
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> References _____	<input type="checkbox"/> CD, Number CD(s) _____	<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Computer Readable Form (CRF)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input checked="" type="checkbox"/> Postcard	
<input type="checkbox"/> Reply to Missing Parts/Requirements		
<input type="checkbox"/> Declaration(s) _____		
<input type="checkbox"/> Copy of Notice of Missing Parts/Requirements		

Remarks: If the check is inadvertently omitted or additional fees under 37 C.F.R. §§ 1.16 to 1.21 are required for any reason relating to the enclosed materials, the Commissioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Account No.: 50-1212/MYOG:036US/SLH.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski, L.L.P.	Customer Number	32425
Signature			
Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	July 20, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or Printed Name	Steven L. Highlander	Date	July 20, 2005